

08/27/01

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit on original and a duplicate for fee processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages **13**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets **1**]
- Oath or Declaration [Total Pages **14**]
 - Newly executed (original or copy)
 - Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No.: _____ / _____

Prior application information: Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or	<input checked="" type="checkbox"/>	Correspondence address below
Name	John Lezdey					
Address	1409 North Fort Harrison					
	Suite A					
City	Clearwater	State	Florida	Zip Code	33755	
Country	US	Telephone	727-441-1880	Fax	141-1887	

Name (Print/Type)	John Lezdey	Registration No. (Attorney/Agent)	22,725
Signature	<i>John Lezdey</i>		
		Date	8-25-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

08/25/01
69/936265

FEET TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 3.55

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 12-1217
Deposit Account Name John LEZDEY

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.16 at the Making of the Notice of Allowance

2. Payment Enclosed:
 Check Money Order Other

FEET CALCULATION**1. FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)		
101	730	201	395	Utility filing fee	<u>3.55</u>
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	700	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1) (\$)		3.55			

2. CLAIMS

Total Claims	-20 =	Extra	Fee from below	Fee Paid
13	-20 =	0	X 0 =	<u>0</u>
Independent Claims	- 3 =	0	X 0 =	<u>0</u>
Multiple Dependent Claims		0	X 0 =	<u>0</u>

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
109	82	209	41	Reissue independent claims over original patent
110	22	210	11	Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		3.55		

SUBMITTED BY

Typed or Printed Name	Signature	Complete if Known	
John LEZDEY		Reg. Number	<u>22735</u>
		Date	<u>8-25-01</u>
		Deposit Account User ID	<u>12-1217</u>

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